

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

State File No. 244

Place of Birth* Globe
City

Gila
County

Local Registrar's No.*

SEX OF CHILD*	DATE OF BIRTH*		
M.	May	29,	1925
	(Month)	(Day)	(Year)
FULL* NAME	FATHER		
	Chas. E. Collins		
FULL* MAIDEN NAME	MOTHER		
	Ophelia Stegall		

I HEREBY CERTIFY that the child described herein has been named

William Norman COLLINS
(First) (Middle) (Last)
Chas. E. Collins
(Parent's Signature)

✓ Date May 29 1925
(Month) (Day) (Year)

*These items to be entered by the local registrar before giving out this form.

VS 40 Rev. 4-51